



# MEDICATION ADMINISTRATION FOR UNLICENSED PERSONNEL

Tennessee  
Department of Intellectual and Developmental Disabilities

## Training Curriculum

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By administering medications you are introducing chemical substances into the body that are used to maintain health, diagnose, treat, prevent disease, relieve symptoms or to alter body processes.

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In your career your top priority should be promoting and providing the highest quality of care for the persons you serve.

The time they spend with you should be positive, enjoyable and safe.

**Your job is very important!**

As front line staff, you are the eyes, ears and voice for those you support.

Thank you for choosing this profession and making a difference in someone's life.

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Administration by the oral route is the slowest way for medication to reach the body's cells.

The oral route may be referred to as PO or by mouth.

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## Expectations

- Act in a professional manner.
- Disruptive behavior, cheating, lying, or failure to comply with class requirements are grounds for dismissal from class.
- Classroom rules and etiquette. . .



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## Rules

- Requirements apply to the training, approval, and monitoring of unlicensed personnel to administer medications to any person with intellectual/developmental disabilities enrolled in a DIDD home and community based waiver program.
- Administration shall mean giving medication according to the written practitioner order and making a written record of each medication administered, including the time and amount taken.
- **Administration does not include evaluation, assessment, or judgment.**

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It is very important for you to understand your limitations of authority and responsibility:

You must NEVER attempt to perform tasks for which you are not trained.

If your employer asks you to perform tasks, which are beyond the scope of your training, you must refuse.

Your role and your scope of practice as unlicensed personnel administering medication includes:

1. Administration of medications by the following routes: oral, eye, ear, inhaler, nasal, topical, vaginal and rectal in accordance with the safe standards of practice.
2. Following practitioner (PCP, NP, PA) orders for medications.
3. As a certified staff you **CANNOT TAKE VERBAL OR PHONE ORDERS.**  
Only licensed staff (RN or LPN) can take orders.

## Medication Administration

Administer – To give medication to a person.

Each agency must have specific policies and procedures for the administration of medications and has an obligation to educate employed unlicensed personnel to these policies and procedures.

## Legal and Ethical Issues

Each person has a right to expect the medications that they receive are the same as those prescribed by their practitioner and that certified staff who administer medication are qualified to perform that function.

It is the obligation of everyone administering medication to know and respect the rights of people.

These rights include the right to refuse medications and or treatments and the right to be informed of any consequences that may occur from their refusal.

These rights include the right to know what the medication is for and common side effects.

## Communication

Communication is defined as an exchange of information using both verbal and nonverbal skills.

Communication is important in order to provide continuity of care and report significant observations to their health care provider.

See: the IDD E-Toolkit, "Communicating Effectively" tool at <http://www.iddtoolkit.org>

- Address the person in terms they understand.
- Respect person's rights at all times.
- Observe and report the person's:
  - physical, mental, and emotional condition
  - reactions or changes in behavior
  - statements regarding his/her condition (pain, numbness, dizziness, etc.)
  - likes and dislikes.

- Recognize and report abnormal signs and symptoms:

- shortness of breath
- rapid/slow respirations (breathing)
- fever, chills, sweating
- cough
- pain: location/duration/description
- blue color to lips/nails (cyanosis)
- nausea/vomiting
- drowsiness/dizziness
- excessive thirst
- unusual drainage



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- rash

- elimination:

- **urine** – pain, burning, frequency, difficulty, large/small amounts, bloody, abnormal color or odor, changes in output
- **bowel** – bloody, watery, hard, black, undigested food, abnormal changes in bowel habits (stool)
- skin: color, redness on bony prominences, breaks or tears, swelling in ankles/feet, face, hands (edema)
- blurred vision

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- any unusual sign/symptom or change noted
- any change in behavior
- any accident or incident
- side effects thought to be due to medications.

Side Effect – Any action/reaction other than the intended effect of a drug.

By recognizing and reporting anything that is different or out of the ordinary for the person, you could be identifying a side effect of a drug.

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## MAR

used for

Transcription – The process of transferring a practitioner's order to the MAR.

**Always transcribe order exactly as it is written by the practitioner.**

Documentation – Creating an immediate record of medications administered or actions taken.

**Never document that the medication has been taken before it is given.**

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## Medication Administration Record

- The person administering medications must accurately document meds that were given on the MAR.
- Remember that the MAR is confidential and its contents should neither be shown nor discussed with anyone not administering care to the person. (HIPAA)
- The MAR lists all medications that have been administered to the person during a particular month.
- Listed medications are copied from the practitioner orders to the MAR; this process is known as "transcribing".

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## Medications are:

Prescribed – by the practitioner

Dispensed – by the pharmacist

Administered – by certified staff or nurses

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## Guiding Principles for Medication Administration

- Knowledge of safe, clean and proper storage of various types of medications.  
Internal (medication taken by mouth)  
**must be stored separately from**  
External (medication administered topically)
- Knowledge that **all** Over-the-Counter (OTC) drugs must be ordered by treating practitioner,

- Knowledge that **all** medications must be labeled by a pharmacist.

– Exception: An OTC that falls within the parameters of the manufacturer's label.

Example:

Ordered - Tylenol 325 milligrams (mg) 2 tablets every 4 hours as needed temperature above 101°F.  
Package Label –  
325 milligrams (mg) 1-2 tablets every 4-6 hrs.

- Any OTC that is ordered with specific times, dosages, etc., that do **not** correspond with the manufacturer's label, indicates that labeling by the pharmacy is necessary.
- The practitioner should label "Sample" medications with instructions regarding use.

## ***EIGHT RIGHTS***

- right PERSON
- right DRUG/MEDICATION
- right DOSE
- right ROUTE
- right TIME
- right DOCUMENTATION
- right POSITION
- right TEXTURE

## Medication Times

Q day (every) day	8am
BID (two times a day)	8am – 8pm
TID (three times a day)	8am – 2pm – 8pm
QID (four times a day)	8am – 12pm – 4pm – 8pm
AM	8am
PM	8pm

Med times must be evenly spaced during awake hours unless otherwise ordered.

- **Medication must be administered within 30 min before or 30 min after the administration time transcribed on the MAR.**



Medication due at 8:00  
Can be administered  
between 7:30 and 8:30



The date a medication is ordered is the start date.

Every effort is to be made to start the medication on the order date. If for any reason the medication is not available, the date/time due is to be initialed and circled with the reason being noted on the back of the MAR.

Appropriate person must be notified for obtaining meds.

Medications may be packaged in bottles, bubble packs or other containers but **MUST** have 3 checks **PRIOR** to administration.

Medications must remain in original packaging until administered.



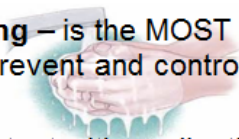
### Basic Forms of Medications Solids, Liquids, and Semi-solids

Common Dosages of Medication  
mg – milligram  
mcg – microgram  
ml - milliliter

## Standard Precautions

Always maintain Standard Precautions during medication administration.

- Proper **Hand Washing** – is the MOST effective method to prevent and control the spread of disease.
- Use gloves when contact with medication, blood or other body fluids is anticipated. Change gloves and wash hands between individual contacts.



## Safe Practice of Medication Administration

- Medication, dose, route, time, (texture and position if indicated) must be ordered by the practitioner and be transcribed to the MAR.
- **Medication must remain in original container.**
- Follow proper hand washing techniques, before and after administering medications.
- Meds must be identifiable up to the point of administration.
- Avoid distractions.

- Tell the person receiving the med about the purpose and expected effects.
- Read each MAR carefully. If not clear, refer to the practitioner order or call for clarity.
- Read the med label carefully checking to see that the MAR and label are exactly the same.
- Perform '3 Checks'.

### PRIOR TO ADMINISTRATION

1. Compare MAR to label **when taking from supply**
2. Compare MAR to label **when preparing medication**
3. Compare MAR to label **just prior to administration**



- Never give a medication unless label is present and clearly readable, including any warnings.
- Never give a medication past its expiration date.
- Keep containers tightly closed. Report any change in color, consistency or odor.
- Do not touch pills, capsules, or patches without gloves.
- Pour liquids away from the label side of bottle. (label up – palm of hand)
- Pour liquid meds at eye level.
- Do not prepare medications until ready to give.

- Do not mix liquid meds with other meds.
- Always identify person by picture.
- Provide privacy.
- Give medications one at a time.
- Give only medications which you have prepared yourself.
- Do not leave medications unattended.
- Stay with the person while taking medications.
- Check that the person swallowed the medication.
- Document only the medications which you give.
- Always check on the person within 30 minutes of administering medications.

- Know the purpose of the med being given, any reactions, warnings, usual dose and specific directions.
- Be familiar with the condition/diagnosis and allergies of the person receiving meds.
- Medications are not to be placed in foods or beverages unless specified by practitioner orders.
- Medications are not to be crushed unless specified by practitioner orders.
- Medications that are expired or no longer needed are to be destroyed. (Refer to agency medication policy)
- Meds prepared and not given must never be returned to the container.

## Skeletal System

Consists of bones and cartilage to support and protect the body.

## Skeletal System



### *Common diagnoses/conditions*

- Fracture
- Osteoporosis
- Arthritis

### *Associated medications*

- Analgesics
- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Steroids
- Narcotic Analgesics

## REGULATORY AGENCY

### **DEA**

(Drug Enforcement Agency)

Regulates the importation, use, sale, manufacture and distribution of **controlled substances** which are habit forming and are assigned a Schedule classification.

## CONTROLLED SUBSTANCES

➤ MUST be double locked

➤ MUST be counted

includes pills and liquids

## REGULATORY AGENCY

### FDA

(Food and Drug Administration)

Regulates the importation, use, sale, manufacture and distribution of all **non-controlled drugs** in the U.S.A.

### Medication preparations

#### **Solids**

Capsules: Small containers made from gelatin.

Tablets: Most common form used. Pressed in molds.

- Coated or Enteric Coated: Because of bitter taste or to prevent irritation of the lining of the stomach.

- **May not be broken, crushed or chewed.**

Additional Information:

Buccal – Route of administration in which the drug is placed and held in the pocket of the cheek until dissolved.

Additional info:

When transcribing a medication to the MAR, lines are used to indicate that a medication is not to be administered during the particular time.

The number of lines needed is related to the number of times the medication could be administered.

Month:	Year:		HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		Start	6am																																
		4pm																																	
		Stop																																	
		Start	P																																
		R																																	
		N																																	

## Transcription

- Always use ballpoint pens (never pencil or felt tip pen).
- Always write neatly.
- Do not erase or use "white-out";
  - line through the error, initial and date.
  - Do not write 'error'.

## Order/Prescription

CLINIC 000 S. Justen Lane Anywhere, TN 33333 Phone: 000-000-0000 Dr. Bob Jones	
Jane Smith	Month 4, YYYY
Calcium 1000 mg 1 tab PO q day for osteoporosis	
<i>Bob Jones, MD</i>	

## Oral Administration

- Maintain guidelines and safety factors for med administration.
- When preparing solid forms (tablets, capsules, etc), place in the lid or cap of the bottle and then into the med cup.
- When preparing liquid meds shake bottle to mix contents.
  - Place cap upside down.
  - Hold bottle with label in palm of hand.
  - Pour at eye level.
  - Wipe lip of bottle before recapping (if needed).
- Position sitting (or per positioning plan or specific instructions).
- Offer meds one at a time.
- Give sips of water before and after each med.
- Allow sufficient time.
- Remain with person until the medication has been swallowed.
- Note significant observations and report.

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## Documentation Rules

- Always use ballpoint pens (**never pencil or felt tip pen**).
- Always write neatly.
- Documentation must include your

**INITIALS**

**FULL SIGNATURE (FIRST & LAST NAME)**

**TITLE**

**MUST BE LEGIBLE (READABLE)**

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- Do not erase or use “white-out”;
  - line through the error, initial and date.
  - Do not write ‘error’.
- Always document as soon as possible after administering the medication.
- Do not document for another employee.
- No blank spaces are to be left on the MAR. Lines are drawn to prevent illegal entry.

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- Refusal – Three (3) attempts should be made within the designated time frame before recording as refused.
- Refusals must be documented on the MAR and reported in accordance with agency policy.

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## Disposal of Medications

The federal government provides guidelines related to proper disposal of medications.

(e.g., coffee grounds, kitty litter, flushing, etc.)

Follow agency policy regarding medication disposal.

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## Endocrine System

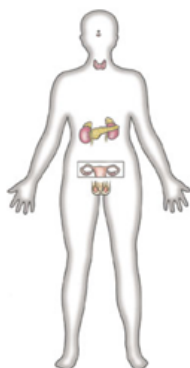
Consists of glands which secrete chemicals called hormones; e.g., thyroid, pancreas.

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## Endocrine System



### Common diagnoses/conditions

- Diabetes
- Thyroid (hyper/hypo)

### Associated medications

- Hormones
- Antidiabetic agents
- Steroids

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Additional info:

- x – abbreviation for **times**
- SL - Sublingual – route of administration in which a drug is placed and held under the tongue until dissolved; **should always be administered last**. Do not immediately follow SL med with water.
- Mucous Membrane – Moist membrane lining body cavities and canals that may allow substances to pass through into the body tissues.

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## Roman Numerals

ROMAN NUMERALS		ARABIC NUMBERS
Upper Case	Lower Case	
I	i	1
II	ii	2
III	iii	3
IV	iv	4
V	v	5
VI	vi	6
VII	vii	7
VIII	viii	8
IX	ix	9
X	x	10
XI	xi	11
XII	xii	12

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## Order/Prescription

CLINIC  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone: 000-000-0000  
Dr. Bob Jones

Jane Smith Month 4, YYYY

Metformin 500 mg 1 tab po bid for diabetes

Vitamin B12 500 mcg ii tabs SL q day as supplement

*Bob Jones, MD*

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## Muscular System

Consists of muscles which shape the body and allows the joints to move.



### Common diagnoses/conditions

- Muscle Spasm
- Muscle Strain
- Muscular Arthritis (Myositis)

### Associated medications

- Analgesic
- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Muscle relaxants

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## Order/Prescription

CLINIC  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone: 000-000-0000  
Dr. Bob Jones

Jane Smith                      Month 4, YYYY

Indocin 25 mg 1 cap po tid for tendonitis

Ibuprofen 200 mg 2 tabs po qid for pain rt shoulder

*Bob Jones, MD*

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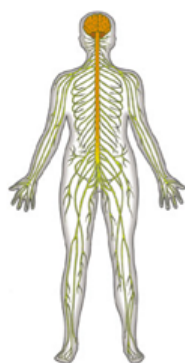
## Nervous System

Consists of the brain, spinal cord and nerves to control and coordinate body activities.

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## Nervous System



### **Common diagnoses/conditions**

- Seizures
- Stroke
- Trauma (Concussion, Contusion)
- Dementia/Alzheimers

### **Associated medications**

- Anticonvulsants/antiepileptics
- Psychotropics
- Antidepressants
- Antianxiety/Sedatives

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## Additional information

Cumulative Effect – May take several days or weeks for drug to reach its peak effectiveness.

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## TD (Tardive Dyskinesia)

- Tardive Dyskinesia is a side effect of psychotropic medications.
- Usually occurs after the person has taken the medication for a long period of time.
- Person has involuntary and constant movements of the tongue, jaw, lips or eyes.

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## Neuroleptic Malignant Syndrome/ Serotonin Syndrome

- Life threatening reaction to psychotropic medications.
- May begin within hours of administration or can happen at any time the person is on the drug.
- High fever, stiff muscles, irregular heart rate, excessive sweating, excessive saliva and unstable consciousness along with other abnormal signs.

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## Liquid preparations

Drugs that have been dissolved in water or alcohol.

Suspensions: Fine undissolved particles of drug mixed with liquid.

**Must be shaken vigorously before giving.**

Sprays: Drugs prepared for administration by reducing a liquid to a fine spray.

## Common Liquid Medication Measurements

- 5 ml - approximately 1 tsp (teaspoon)
- 15 ml - approximately 1 tbsp (tablespoon)
- 30 ml - 1 oz (ounce)

**Never use ordinary kitchen spoons**

## Order/Prescription

Neurology  
000 16<sup>th</sup> Street  
Anywhere, TN 33333  
Phone 000-000-0000  
Dr. Thomas Frent

Jane Smith                      Month 8, YYYY

Dilantin-125 suspension 5 ml po bid and 10 ml po at 2 pm for seizures

*Thomas Frent, MD*

## Transcription Notes

- Medications may be ordered that are the same drug but may have a different dose or a different time indicated for administration.
- Transcription must be in 2 boxes to show the different dose or time.
  - One dose to be given two times a day and a different dose given one time a day.
  - One dose given certain days of the week and a different dose given on other days.

## Integumentary System

Consists of skin, sweat and oil glands to protect the body from harmful germs and helps regulate body temperature.

## Integumentary System



### **Common diagnoses/conditions**

- Cellulitis
- Scabies/Lice/Bed bugs
- Rash
- Burns
- Decubitus

### **Associated medications**

- Anti-itch creams
- Medicated ointments
- Topical anti-infectives
- Anti-fungals

## Semi-solids

Creams: Water-soluble substance applied locally to the skin.

Ointments: Applied to the skin or mucous membrane.

Suppositories: Drug in a base that melts at body temperature.  
Molded for insertion into the rectum or vagina. May need refrigeration.

Additional Info:

Stop Date – Date last dose of medication is to be given

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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000  
Dr. Bob Jones

Jane Smith Month 9, YYYY

Keflex 250 mg i cap po qid X VII d for cellulitis

Hydrocortisone cream 2.5% apply thin layer to rash on left arm bid

*Bob Jones, MD*

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## Topical (skin) Administration

Route of administration in which a drug is placed on the skin or mucous membrane.



- Maintain guidelines and safety factors for med administration.

- Position so the area to be medicated is exposed.
- Note significant observations, document and report.
- Clean the area if indicated (clean away from the affected area). Do not double wipe.
- If using applicator, do not 'double dip'.
- Use gloves if applying directly.
- Spread medication on affected area.
- Do not let tip of container touch affected area.
- Cover affected area if indicated.

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## Sensory System

Consists of eyes, ears, nose mouth and skin to provide sight, hearing, taste, smell and touch.

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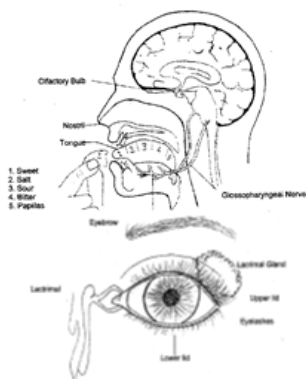
## Sensory System

### Common diagnoses

- Eye
  - Conjunctivitis
  - Cataracts
  - Glaucoma
  - Dry eyes

### Associated medications

- Ophthalmic (Eye) drop (gtt)



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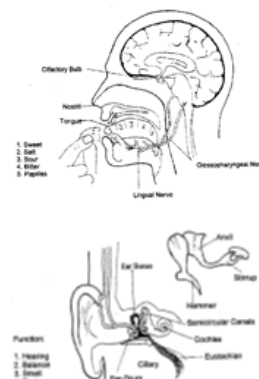
## Sensory System

### Common diagnoses

- Ear
  - Otitis Media (Ear Infection)
  - Excess ear wax

### Associated medications

- Otic (Ear) drops (gtts)



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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith                      Month 10, YYYY

Artificial Tears 2 gtt both eyes bid for dry eyes

*Ann Lewis OD*

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## Topical (eye) Administration



- Note significant observations and report.
  - Shake the medication.
  - Position with head back and looking upward.
  - Separate lids using forefinger for upper and thumb for lower.
  - Approach eye from below.
  - Instill drops as ordered. Avoid contact with eye.
  - Apply near the center of lower lid.
- Maintain guidelines and safety factors for med administration.
  - If cleansing eye. Wipe from inner corner outward.
  - Use clean wipe for each wipe.

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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith                      Month 10, YYYY

Debrox 2 gtt both ears bid X 3 days for excess ear wax

*Bob Jones MD*

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## Topical (ear) Administration



- Tilt head until ear is as horizontal as possible.
  - Note significant observations and report.
  - Shake the medication.
  - Administer by pulling the ear gently backward and upward (for adult).
  - Instill drops as ordered. Do not touch ear canal with dropper/container.
  - Maintain position for 2 or 3 minutes.
  - If to be instilled in both ears, wait at least 5 min before putting in other ear.
- Maintain guidelines and safety factors for med administration.

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## Respiratory System

Consists of the mouth, nose, trachea and lungs to provide air (oxygen) to the body's cells.



### Common diagnoses/conditions

- Pneumonia
- Upper Respiratory Infection (URI)
- Allergies
- Chronic Obstructive Pulmonary Disease (COPD)
- Sinus/Common Cold
- Asthma
- Bronchitis

### Associated medications

- Bronchodilators
- Antibiotics
- Antihistamines
- Anti-inflammatories

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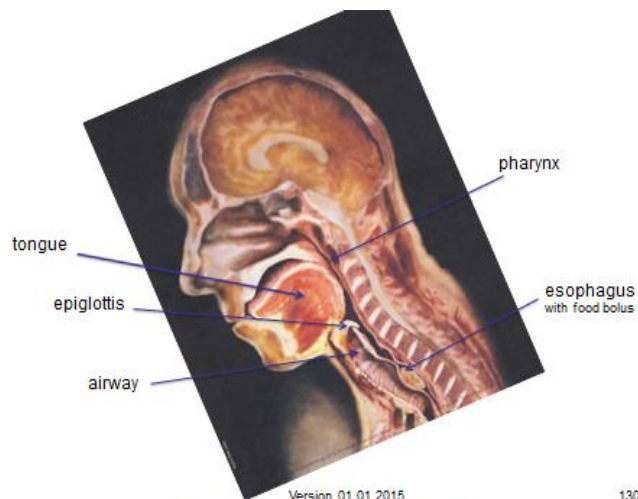
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## Aspiration Pneumonia

Infection in the lungs  
caused by  
breathing in liquids or food.

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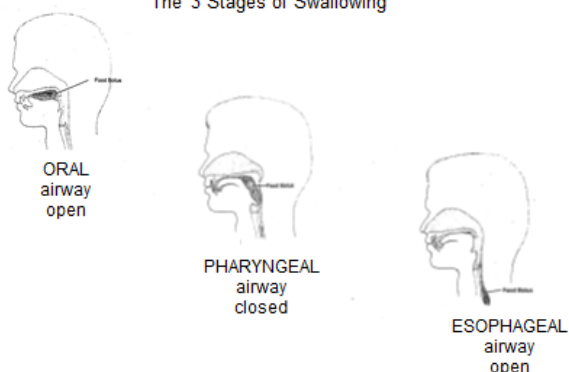


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## Swallowing Mechanism

The 3 Stages of Swallowing



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## Additional Information:

Enteral route is administration by way of the  
intestines (by tube).

**Not covered by exemption  
(you cannot administer enteral meds)**

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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith Month 11, YYYY

Flonase 50 mcg 2 sprays each nostril q day for allergies

*Bob Jones, MD*

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## Nasal Administration



- Position sitting with head tilted down.
  - Note significant observations and report.
  - Instruct to blow nose.
  - Shake the medication.
  - Place tip of container just inside the nostril. Occlude the other nostril. Instruct to inhale as the container is squeezed.
  - Repeat in other nostril if ordered.
  - Wipe tip between nostrils.
- Maintain guidelines and safety factors for med administration.

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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith Month 11, YYYY

Proventil 90 mcg 2 puffs inhalation q day for asthma

*Bob Jones, MD*

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## Inhalation Administration

Aerosol – Particles suspended in a gas; usually inhaled or sprayed.



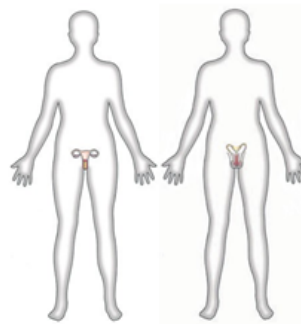
- Instruct to seal lips around mouthpiece.
- Compress canister between the thumb and fingers and instruct to breathe in deeply at the same time.
- Release pressure on the canister.
- Withdraw mouthpiece and instruct to hold breath for a few seconds.
- Instruct to breathe normally.
- If more than one inhalation is ordered wait one minute between administrations.
- Maintain guidelines and safety factors for med administration.
- Shake the canister.
- Instruct to slowly breathe out through pursed lips.

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## Reproductive System

Consists of ovaries and uterus in females, testicles in males and allows the creation of a new human being.



### Common diagnoses/conditions

- Female
  - Yeast infection
  - Menopause
- Male
  - BPH (Benign Prostatic Hypertrophy)

### Associated medications

- Antifungal
- Hormone therapy

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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith Month 12, YYYY

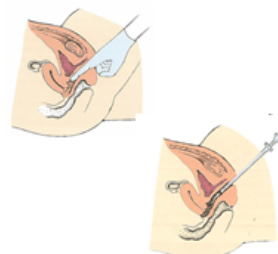
Monistat 7 cream 1 applicator full vaginally q day at bedtime x VII d for yeast infection

*Lisa Self, MD*

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## Vaginal Administration



- Instill vaginal med before the person retires for sleep, unless otherwise ordered.
- Instruct to empty bladder.
- Position on back with knees bent and legs spread.
- Encourage to relax by breathing through mouth.
- Separate labia and insert med with gloved/double gloved index finger or with applicator to recommended length and depress plunger.
- Have person remain lying down for at least 10 to 30 minutes.
- Maintain guidelines and safety factors for med administration.

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## Gastrointestinal System

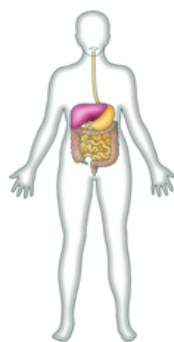
Consists of the mouth, esophagus, stomach, liver, gallbladder, small and large intestines and pancreas to take in food, prepare it for use by the body and excrete wastes.

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## Gastrointestinal System



### Common diagnoses/conditions

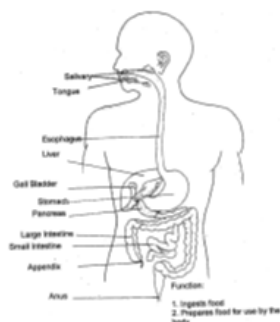
- Constipation
- Reflux/Heartburn (GERD)
- Gallbladder disease
- Pancreatitis
- Diarrhea
- Hernia
- Appendicitis
- Hemorrhoids
- Ulcers
- Hepatitis

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## Gastrointestinal System



### Associated medications

- Antacids
- Antidiarrheal agents
- Antiemetics
- Antiulcer agents
- Laxatives
- Enemas
- Stool Softeners

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## GERD

### GastroEsophageal Reflux Disease

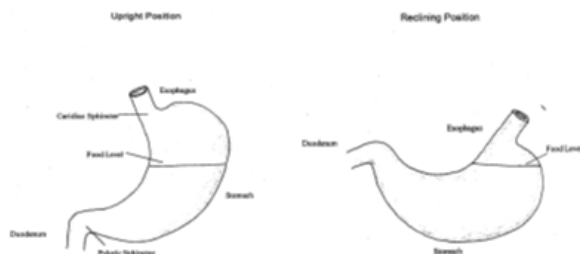
The backflow of stomach contents into the esophagus.

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## Positioning



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### Additional Information:

R or r – rectal

Supp - suppository

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## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith Month 12, YYYY

Dulcolax supp 1 R q3days in the pm for constipation

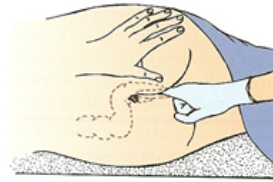
Fleet enema 1 bottle R q 7 days in the am for constipation

*Tom Pass, MD*

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## Rectal Administration



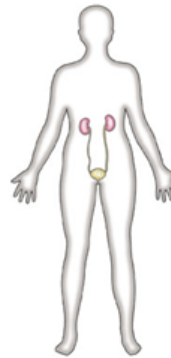
- Insert suppository into the rectum along the rectal wall well beyond the sphincter pushing gently with gloved/double gloved forefinger.
- or
- Insert Fleet type enema tip and slowly squeeze contents from container.
- Encourage to relax by breathing through mouth.
- While slowly withdrawing finger or enema tip gently hold buttocks together until the urge to expel subsides.
- Note any unusual reactions or symptoms.

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## Urinary System

Consists of kidneys, ureters, bladder and urethra;  
removes waste from the blood by producing urine.



### Common diagnoses/conditions

- UTI (Urinary Tract Infection)
- Cystitis
- Urinary Retention
- Urinary Incontinence

### Associated medications

- Muscle Relaxants
- Analgesics
- Antibiotics

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## Order/Prescription

**{ Start Jane's medication at 2:00 pm }**  
**Administer Tylenol at 2:15 pm**

HOSPITAL EMERGENCY ROOM  
123 ER Drive  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith  
DOB: 02/25/1975  
PCP: Bob Jones  
ER Physician: Fin Lei, MD

Discharge Instructions: *Diagnosis: UTI*  
*Amoxicillin 250mg 2 tabs PO STAT and 1 tab PO TID x 10 days*  
*Tylenol 325mg 2 tabs PO q 4 hr prn for temps above 101*  
*Return PRN*  
Date: *11/14/11* Practitioner signature: *Fin Lei, MD*

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Additional Information:

STAT – now

PRN – as needed

H or h - hour

## Circulatory System (or Cardiovascular System)

### Additional Information

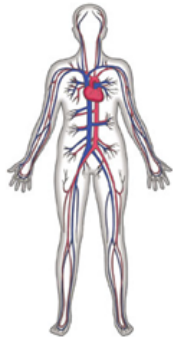
The '30 minute before' rule does not apply to PRN medications

- A medication ordered q 4 hours prn given at 6 pm may not be administered again until 10 pm

**PRN medications may not be administered 30 min before time due.**

Consists of the heart, blood vessels, blood and lymph system and carries nutrients and oxygen to the body's cells.

## Circulatory System



### Common diagnoses/conditions

- Hypertension (high blood pressure)
- High Cholesterol
- Excess fluid (edema)
- Angina
- Blood Clots

### Associated medications

- Antihypertensives
- Diuretics
- Antiarrhythmics
- Antihyperlipidemics
- Nitrates
- Anticoagulants

## Order/Prescription

Clinic  
000 S. Justen Lane  
Anywhere, TN 33333  
Phone 000-000-0000

Jane Smith Month 16, YYYY

Nitroglycerin patch 0.2 mg 1 topically q day for angina

Coumadin 2.5 mg PO 1 tab q day X 2 days alternate with 2 tabs q day X 3 days for blood clots

*Bob Jones, MD*

## Transdermal Administration

Route of administration in which a drug is absorbed continuously through the skin into the bloodstream.



- Maintain guidelines and safety factors for med administration.
- Remove old patch, clean area to remove residue.

- Area must be clean and free of hair for new patch.
- Place directly on the skin at the specified area.
- Gloves must be worn.
- Patch must be labeled with date, time and initials.
- Patch should not be placed in the same spot each application.

## Injectable Epinephrine (EpiPen)

Life saving measure covered under exemption for severe allergic reaction.



## Administering medications is a serious responsibility.

## Routine Insulin Administration

- Allowed by exemption but requires additional specialized individual specific training.
- Does not include drawing up of insulin.
- Does not include sliding scale insulin.

## Medication Variance

- Medication variances and omissions can occur during transcribing, preparing, administering or in the documentation of a medication. A medication variance occurs at any time that a medication is given in a way that is inconsistent with how it was ordered by the prescribing practitioner and in accordance with the "Eight Rights" (i.e., right dose, right drug, right route, right time, right position, right texture, right person and right documentation).

- Medication variances and omissions are to be reported on the medication variance form and are categorized according to severity (Categories A-I).
- POTENTIAL - Categories A and B have the potential to cause harm but the medication did not reach the person.
- ACTUAL - In categories C to I, the medication actually reached the person and has the capacity to cause harm, therefore the prescribing practitioner or hospital emergency room shall be contacted.

- Categories E-I require a Reportable Incident Form, with a copy of the Medication Variance Form.
- In all cases, medication administration by someone who was not certified requires investigator notification.

### IMPORTANCE OF REPORTING A MEDICATION VARIANCE

- to recognize trends
- to improve safe medication administration

DIDD MEDICATION VARIANCE REPORT

NAME \_\_\_\_\_ SS# \_\_\_\_\_ AGE \_\_\_\_\_ M ☐ F ☐ AGENCY \_\_\_\_\_

DATE VARIANCE OCCURRED \_\_\_\_\_ DAY OF WEEK Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ WEEKEND/HOLIDAY Y ☐ N ☐

TIME 6a ☐ 7a ☐ 8a ☐ 9a ☐ 10a ☐ 11a ☐ 12n ☐ 1p ☐ 2p ☐ 3p ☐ 4p ☐ 5p ☐ 6p ☐ 7p ☐ 8p ☐ 9p ☐ 10p ☐ 11p ☐ 12a ☐ 1a ☐ 2a ☐ 3a ☐ 4a ☐ 5a ☐

LOCATION Home ☐ Day Program ☐ Community ☐ Work ☐ Other ☐ \_\_\_\_\_

STAFF CLASSIFICATION  
Nurse ☐ Pharm ☐ Physician ☐ DSS ☐ Other ☐ STAFF STATUS  
Regular ☐ Agency/Contract ☐ Float/PRN ☐ \*Not Certified/Unlicensed ☐

DRUG/DOSE Ordered \_\_\_\_\_ DRUG/DOSE Administered \_\_\_\_\_ HIGH ALERT MEDICATION Y ☐ N ☐

ALLERGIC Y ☐ N ☐

WRONG  
Person ☐ Med/Drug ☐ Time ☐ Position ☐ Texture/Formulation ☐ Documentation ☐ Dose ☐ extra ☐ omitted ☐ Route ☐ PO ☐ SC ☐ IV ☐ M ☐ Topical ☐ Rectal ☐ Vaginal ☐ Tube ☐ Trach ☐ Other ☐

DATE VARIANCE DISCOVERED \_\_\_\_\_ FACTORS Product ☐ Med Use System ☐ Communication ☐ Other ☐

DESCRIPTION Prescribing ☐ Dispensing ☐ Transcribing ☐ Administering ☐ Procurement/Storage ☐ Monitoring ☐

COMMENTS \_\_\_\_\_

CATEGORY

Potential

A ☐ Could result in a variance

B ☐ Identified prior to actual administration

Actual  
\* E ☐ Intervention (practitioner/ER)

PRACTITIONER NOTIFIED Y ☐ N ☐  
\* Required for C-I

Actual

\* C ☐ No harm or unlikely to cause harm

\* H ☐ Near death event

REPORTABLE INCIDENT FORM COMPLETED Y ☐ N ☐  
\* Required for E-I  
\* Required for Not Certified/Unlicensed

\* D ☐ Additional monitoring

\* I ☐ Death

INVESTIGATOR NOTIFIED Y ☐ N ☐  
\* Required for Not Certified/Unlicensed

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

OUTCOME \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_



MEDICATION ADMINISTRATION RECORD

Month:	Year:		HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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MEDICATION ADMINISTRATION RECORD

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

[illegible]

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				
RAb	Right Abd				
LAB	Left Abd				
RT	Right Thigh				
LT	Left Thigh				

[illegible]

Name: Jane Smith

MEDICATION ADMINISTRATION RECORD

Month:	Year:		HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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[illegible]

Name: Jane Smith



# PRACTICE MAR

## MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Name:

DOB:

PCP:

Diagnoses:

MEDICATION ADMINISTRATION RECORD

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

[illegible]

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LT	Left Thigh				

[illegible]

Name:

# PRACTICE MAR

## MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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[illegible]

Name:

# PRACTICE MAR

## MEDICATION ADMINISTRATION RECORD

Month:

Year:

		HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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[illegible]

Name: